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## CASE STUDY ON EFFECT OF JYOTISHMATYADI VATI IN ARTAVA KSHAYA

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### ABSTRACT

Rutuchakra itself denotes the maturity of reproductive organs or the age when the female is able to conceive. There are many physiological changes seen in the each stage of woman's life, especially in reproductive stage. Changes in physical and mental wellbeing profoundly affect menstrual cycle. Oligomenorrhoea and Amenorrhoea or absence of menstruation, itself is not a disease but a symptom of any underlying disorder of female reproductive system. Ayurveda refers to menstruation as *Artava* or *Rajah* and Artavakshaya denotes scanty and/or the absence of menstruation. Due to Vata and Kaphadushti it leads to Pitta Kshaya (Agnimandya), and alters the menstrual physiology. Hence the guna of Ushna, Tikshna, Agneyadravya for the regulation of menstrual cycles may be required. Here a case study on Artavakshaya with Jyotishmatyadi Vati 500mg BD was administered along with life-style modifications. It is having all four dravyas of similar qualities which imparted regularization of menses in Artavakshaya and relieved the lowback pain too in subject with amenorrhoea.

**Keywords:** Artava Kshaya, Oligomenorrhoea, Jyotishmatyadi Vati

### INTRODUCTION:

Nature has given some special anatomical and physiological characteristics to woman

which are known as "*Streekarabhava*". One among them is concept of "*Raja Pravritti*"

i.e. Menstruation is the most important phase of every woman's life.\*<sup>1,2</sup> Menstrual cycle is a visible manifestation of cyclic physiological uterine bleeding due to shedding of endometrium. It is controlled by hypothalamo-pituitary-ovarian axis & their associated hormones. Once the menstruation starts, it continues at an average interval of 28 days. Due to changing lifestyle, food habits, and increasing physical & emotional stress the physiology is altered which ends in disruption of H-P-O axis & it may lead to many gynecological problems like delayed or early menarche. The overall prevalence of menstrual disorders are reported by 76.9%. The most common menstrual disorder are hypomenorrhoea (15%), oligomenorrhoea (12.8%), amenorrhoea (21.3%), and dysmenorrhoea (46.3%).\*<sup>4</sup> These may leads to impairment in the reproductive function. *Artavakshaya* is one among the menstrual disorders.

### Artavakshaya\*<sup>3</sup>

आर्तवक्षयौचिकालदःसमत्प्रावायोजनवेदनाः।

YATHOCHITKAL

ADARSHANAM-

Infrequent menstruation & *ALPA ARTAVAM* - scanty menstruation. It can be co-related with oligomenorrhoea and hypomenorrhoea and upto some extent of secondary amenorrhoea based on clinical features. Menstrual bleeding occurring more than

35days apart which remains constant at that frequency is oligomenorrhoea. When menstrual bleeding is unduly scanty & lasts for less than 2 days is called hypomenorrhoea and the absence of menstruation for 6 months or more in a woman, who had normal menstruation, is secondary amenorrhoea.\*<sup>7</sup>

### CASE REPORT

**Pradhanavedana:** Irregular and delayed menses since 3-4 months

**Anubhandhiavedana:** Backache on 1<sup>st</sup> day of menstruation

**Vartamanavyadhi Vrittanta:** An unmarried woman aged 27 years, visited to the outpatient unit of Prasooti Tantra & Stree Roga, Parul Ayurved Hospital, on 16<sup>th</sup> September 2021 with the complain of Irregular/Delayed Menses with scanty menstrual flow since 3-4 months. Scanty P/V bleeding and with backache was observed for 1<sup>st</sup> day and spotting on 2<sup>nd</sup> day with clots and dark red color of menstrual bleeding.

**Past history:** No H/O DM/HTN/Thyroid dysfunction or any other medical or surgical history.

**Family history:** No history of similar problems among any of the family members was noted.

**Personal History:**

Diet: Vegetarian. Appetite: Medium

Bowel: Once /day.

Micturition: 4-5times/day 0-times/Night.

Sleep: Sound sleep

### Menstrual & Obstetric history

Age of Menarche: 15 years

**Past Menstrual history:** 4-5 days/28-30 days

It was regular, moderate flow, watery consistency, no clots,3-4 pads/day,no any foul smell

**Present Menstrual history:** 2 days/40-50 days, irregular, scanty flow, clots,1-2 pads,no any foul smell

L.M.P: 17-08-2021(Table 1)

**O/H:** Patient is unmarried ASHTA

### General examination

Built - Moderate Nourishment: Good

Temperature: 98.F Respiratory rate:

### Systemic Examination:

CVS: S1 S2 Normal.

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds.

P/A: Soft, Non tender.

### SAMPRAPTI GHATAKA:

Dosha – Vata, Kapha Dushya- Rasa,

### Dashavidha Pareeksha

### STHANA PAREEKSHA

Nadi: 78 bpm Mutra: As mentioned earlier. Mala: Once a day. Jihwa- Alpasama, Upalipta, Shabda: Avishesha, Sparsha: Anushna Sheeta, Druk: Avishesha, Aakruti: Madhyama.

Prakruti: Vata-Kapha Vikruti: Madhyama Sara: Madhyama

Samhanana: Madhyama Pramana:

Dhairgya – 162 cmsDehabhara - 68kg

Satmya: MadhyamaSatva: Madhyama

Aahara Shakti: Madhyama

Abhyavaharana Shakti: Madhyama

Jarana Shakti: Madhyama Vyayama

Shakti: Madhyama

Vaya: Youvana

22/minPulse rate: 78 bpm

B.P: 110/70 mm of HgHeight: 162 cms

Weight: 68 Kg Tongue: Coated

Rakta, Artava

Srotasa- Rasavaha, Raktavaha,

Artavavaha Ama- Sama

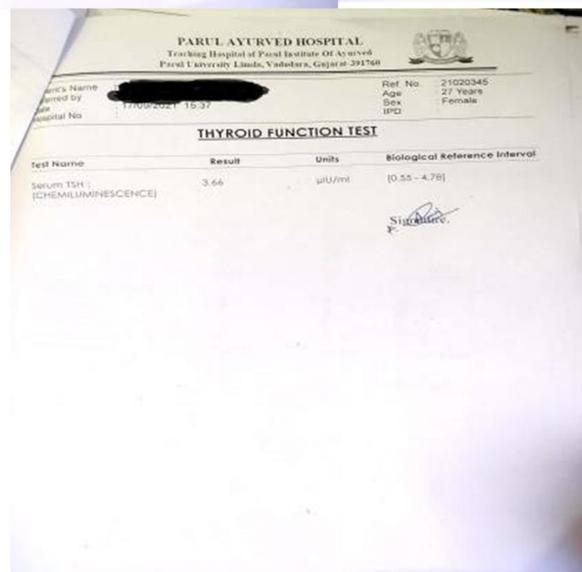
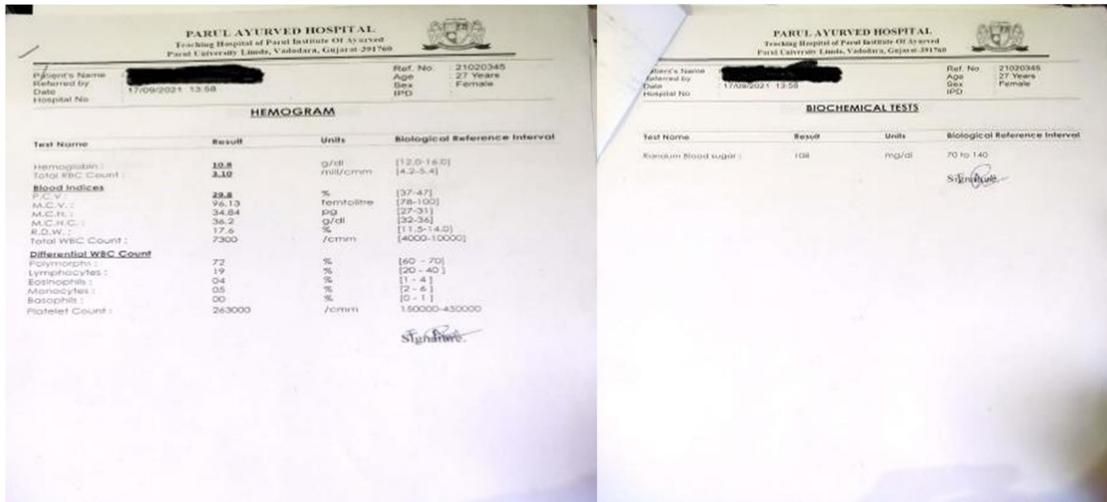
Agni: Manda Rogamarga- Abhyantara

### INVESTIGATION

CBC : (17-09-2021)

Hb- 10.8 g/dl TC – 7300/cmm

Platelet count – 263000 / cmm



**USG (Abdomen & Pelvis) (15-09-2021)** Liver : size : Normal  
Spleen: size: Normal  
Bladder: Full normal in size & shape  
Uterus: 79\*35\*46 mm, CET: 7.4 mm, No focal lesion Rt ovary: 28\*18 mm  
Lt ovary: 30\*22 mm



**Intervention**

Jyotishmatyadi Vati 2 tab (500gm each) BD,  
Before food with Luke warm water  
Medicines were administered for 2 Months.  
One month without other medications.

- o Yoga (Bhujangasana,  
Pashchimottanasana,  
Matsyasana), Pranayama

(anuloma- viloma),  
Suryanamaskara, walking,  
avoiding junk foods, diary items,  
irregular food habits, life style  
modifications along with  
medicine was advised.

**OBSERVATION AND RESULTS**

Table 1: Showing LMP details BT and AT

BT Date:	1 <sup>st</sup> Follow Up01-	2 <sup>nd</sup> Follow Up18-	3 <sup>rd</sup> Follow Up02-	4 <sup>th</sup> Follow Up16-	AT
17-09-21	10-2021	10-2021	11-2021	11-2021	18-12-2021
17-08-2021	29-09-2021	29-09-2021	02-11-2021	02-11-2021	03-122021

Table 2: Timeline in signs and symptoms before and after treatment

Criteria	BT	1 <sup>st</sup> FU	2 <sup>nd</sup> FU	3 <sup>rd</sup> FU	4 <sup>th</sup> FU	AT
Duration of Menstrual bleeding	2 days	3 days	3 days	1 <sup>st</sup> day of menstruation	4 days	5 days
Interval between two menstrual cycle	40-45 days	42 days	42 days	32 days	32 days	30 days
Quantity of bleeding No.pads/day	1-2 pads/day	2-3 pads/day	2-3	2-3 pads/day	3-4 pads/day	3-4 pads/day
Pain during menstruation (Backache)	Mild	Mild	Mild	Absent	Absent	Absent
Consistency of Menstrual bleeding	Clots	Clots	Clots	Watery	Watery	Watery
BMI	25.9	25.9	25.5	25.1	25.1	24.8

**DISCUSSION:**\*8,9,10

Jyotishmatyadi Vati includes Jyotishmati (*Celastrus paniculatus*) which is Vata-kaphahara, Virechaka (purgative), Sirovirechaka (helpful to regulate the H-P-O axis. Rajika (*Brassica Juncea*) which is Vata-Pitta Vardhaka, Agnideepaka (leads Ama pachana), Swedajanaka (Kledavahana). Yavanika (*Trachyspermum ammi*)- which is Kaphahara, Agnideepaka,

Pachaka. Asana/Vijayasara (*Pterocarpus marsupium*) which is having Shothahara, Raktashodhaka Karma. All dravyas are Ushna, Tikshna, having Ushna Virya, Katu Vipaka. So they all lead to Artavajanana.

In present era drastic changes in lifestyle, food habits, environmental exposure to toxic substances along with hereditary predisposition for metabolic syndrome and stress have contributed to the common

problem faced by today's female population. So treatment includes Vatasyaupakrama, Saamadasha Pachana, Artavajanaka Dravyasevana, following Rutucharya and Dinacharya.

**CONCLUSION:**

Thus Jyotishmatyadi Vati was found to be effective not only in inducing menstruation in a case of Artavakshaya (oligomenorrhoea), but also was effective in regularizing the menstrual cycle. Additional benefit of relief of backache was also observed. Agnideepana, Vatanuloma action of drugs and Rasaraktavishodhana might have contributed to this outcome.

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